

September 25, 2019

Christina Wood Biosolids Specialists DEQ-Central Office PO Box 1105 Richmond Virginia 23218

by email transmittal

re: request for permit modification

Dear Christina,

On behalf of Recyc Systems, I request our VPA- Biosolids Use Permit for Madison County be renewed prior to the expiration date and modified to include the attached farm sites.

Site booklets are prepared awaiting instructions for delivery to the permit writer. Fee Form and Check are being held awaiting your instructions. An O&M revised for the new regulations has previously been submitted to you.

Beth Lineweaver, Field Technician, is available to conduct site inspections at your earliest convenience. He can be reached through our office at 540.547.3300.

Sincerely,

Susan Trumbo

Vice President - Technical Manager

DEPARTMENT OF ENVIRONMENTAL QUALITY WATER QUALITY DIVISION PERMIT APPLICATION FEE FORM REVISED EFFECTIVE JANUARY 1, 2008

INSTRUCTIONS

Applicants for individual Virginia Pollutant Discharge Elimination System (VPDES), Virginia Pollution Abatement (VPA), Virginia Water Protection (VWP), Surface Water Withdrawal (SWW), and Ground Water Withdrawal (GWW) Permits are required to pay permit application fees, except farming operations engaged in production for market. Fees are also required for registration for coverage under General Permits except for the general permits for sewage treatment systems with discharges of 1,000 gallons per day (GPD) or less and for Corrective Action Plans for leaking underground storage tanks. Except for VWP permits, fees must be paid when applications for permit issuance, reissuance* or modification are submitted. Applicants for VWP permits will be notified by the DEQ of the fee due. Applications will be considered incomplete if the proper fee is not paid and will not be processed until the fee is received. (* - the reissuance fee does not apply to VPDES and VPA permits - see the fee schedule included with this form for details.)

The permit fee schedule is included with this form. Fees for permit issuance or reissuance and for permit modification are included. Once you have determined the fee for the type of application you are submitting, complete this form. The original copy of the form and your check or money order payable to "Treasurer of Virginia" should be mailed to:

Department of Environmental Quality Receipts Control P.O. Box 1104 Richmond, VA 23218

A copy of the form and a copy of your check or money order should accompany the permit application. You should retain a copy for your records. Please direct any questions regarding this form or fee payment to the DEQ Office to which you are submitting your application.

to the DEQ Office to Wi	iich you are subh	ittiing your app					
APPLICANT NAME: Recyc Systems, Inc.			SSN/FIN: 54-1264053				
ADDRESS:	P.O. Box 562 Remington, VA 22734		DAYTIME PHONE: (540) 547-3300				
				Ai	Area Code		
FACILITY/ACTIVITY NA	AME:	Recyc Systems	, Inc				
LOCATION:	OCATION: various sites in Madison County						
TYPE OF PERMIT APP (from Fee Schedule):		'A Municipal Sl	udge Operation				
TYPE OF ACTION:	New Is	ssuance _	Reissuance	XX	Modification		
AMOUNT OF FEE SUB (from Fee Schedule):	MITTED	\$1,000					
EXISTING PERMIT NUI	MBER (if applica	ble \	VPA 00061				
DEQ OFFICE TO WHIC	H APPLICATION	SUBMITTED	(check one)				
☐ Abingdon/SWRO	☐ Harrisonbur	g/VRO	☐ Woodbridge/NVR	Woodbridge/NVRO			
☐ Richmond/PRO	XX Richmond	/Headquarters	☐ Roanoke/WCRO		☐ Virginia Beach/TRO		
FOR DEQ USE ONLY		Original Form	and Check - DEQ Rec	sointe Cor	atrol Pichmond		
Date:		_		•	egional Office or Permit		
DC #:			oop, or oncor	Program			

VIRGINIA POLLUTION ABATEMENT PERMIT APPLICATION FORM A ALL APPLICANTS

County/City Address Owner Legal Name Recyc Systems, Inc Malling Address PO Box 562, Remington Virginia 22734 Telephone Number 540.547.3300 Email address Owner Contact Name Susan Trumbo Title Technical Manager Mailing Address PO Box 562, Remington Virginia 22734 Telephone Number 540.547.3300 Email address PO Box 562, Remington Virginia 22734 Telephone Number 540.547.3300 Email address strumbo@recycsystems.com Existing permits (e.g., VPA, VPDES; WWP, RCRA; UIC); other: Agency Permit Type Permit Number VPA00061 Nature of Business: land application of municipal biosolids SIC Code(s): 0711 Type of Waste: (check box as appropriate) Proposed Existing Animal Waste (complete Form B)						
Address Owner Legal Name Recyc Systems, Inc Mailing Address PO Box 562, Remington Virginia 22734 Telephone Number 540.547.3300 Email address Owner Contact Name Susan Trumbo Title Technical Manager Mailing Address PO Box 562, Remington Virginia 22734 Telephone Number 540.547.3300 Email address strumbo@recycsystems.com Existing permits (e.g., VPA, VPDES; VWP, RCRA; UIC); other: Agency Permit Type Permit Number Agency Permit Type Permit Number SIC Code(s): 0711 Type of Waste: (check box as appropriate) Proposed Animal Waste (complete Form B) Industrial Waste (complete Form C) Land Application of Municipal Effluent (complete Form D, Part I) Land Application of Biosolids/Sewage Sludge (complete Form D, Part II)	. Facility	Name				
Description Legal Name Recyc Systems, Inc		County/City				
Mailing Address PO Box 562, Remington Virginia 22734 Telephone Number 540.547.3300 Email address 3. Owner Contact Name Susan Trumbo Title Technical Manager PO Box 562, Remington Virginia 22734 Telephone Number 540.547.3300 Email address strumbo@recycsystems.com Existing permits (e.g., VPA, VPDES; VWP, RCRA; UIC); other: Agency Permit Type Permit Number VPA VPA00061 Nature of Business: land application of municipal biosolids SIC Code(s): 0711 Type of Waste: (check box as appropriate) Proposed Existing Animal Waste (complete Form B)		Address				
Mailing Address PO Box 562, Remington Virginia 22734 Telephone Number 540.547.3300 Email address B. Owner Contact Name Susan Trumbo Title Technical Manager Mailing Address PO Box 562, Remington Virginia 22734 Telephone Number 540.547.3300 Email address strumbo@recycsystems.com Existing permits (e.g., VPA, VPDES; VWP, RCRA; UIC); other: Agency Permit Type Permit Number VPA VPA00061 Nature of Business: land application of municipal biosolids SIC Code(s): 0711 Type of Waste: (check box as appropriate) Proposed Existing Animal Waste (complete Form B)	Owner	Logal Name	Decue Sustana Inc			
Telephone Number Email address 3. Owner Contact Name Susan Trumbo Title Technical Manager Mailing Address PO Box 562, Remington Virginia 22734 Telephone Number 540.547.3300 Email address strumbo@recycsystems.com Existing permits (e.g., VPA, VPDES; VWP, RCRA; UIC); other: Agency Permit Type Permit Number VPA00061 Nature of Business: land application of municipal biosolids SIC Code(s): 0711 Type of Waste: (check box as appropriate) Proposed Existing Animal Waste (complete Form B) Industrial Waste (complete Form C) Land Application of Municipal Effluent (complete Form D, Part I) Land Application of Biosolids/Sewage Sludge (complete Form D, Part II)	. Owner	Legai Name	Recyc Systems, Inc			
Email address Susan Trumbo		Mailing Address	PO Box 562, Remin	gton Virginia 227	34	
Title Technical Manager Mailing Address PO Box 562, Remington Virginia 22734 Telephone Number 540.547.3300 Email address strumbo@recycsystems.com Existing permits (e.g., VPA, VPDES; VWP, RCRA; UIC); other: Agency Permit Type Permit Num DEQ VPA VPA00061 Nature of Business: land application of municipal biosolids SIC Code(s): 0711 Type of Waste: (check box as appropriate) Proposed Existing Animal Waste (complete Form B) Industrial Waste (complete Form C) Land Application of Municipal Effluent (complete Form D, Part I) Land Application of Biosolids/Sewage Sludge (complete Form D, Part II)		Telephone Number	540.547.3300			
Title Technical Manager Mailing Address PO Box 562, Remington Virginia 22734 Telephone Number 540.547.3300 Email address strumbo@recycsystems.com Existing permits (e.g., VPA, VPDES; WWP, RCRA; UIC); other: Agency Permit Type Permit Number VPA00061 Nature of Business: land application of municipal biosolids SIC Code(s): 0711 Type of Waste: (check box as appropriate) Proposed Existing Animal Waste (complete Form B)		Email address				
Mailing Address PO Box 562, Remington Virginia 22734 Telephone Number 540.547.3300 Email address strumbo@recycsystems.com	. Owner Contact	Name	Susan Trumbo			
Mailing Address PO Box 562, Remington Virginia 22734 Telephone Number 540.547.3300 Email address strumbo@recycsystems.com		Title	Technical Manager			
Email address strumbo@recycsystems.com Existing permits (e.g., VPA, VPDES; VWP, RCRA; UIC); other: Agency Permit Type Permit Num DEQ VPA VPA00061 Nature of Business: land application of municipal biosolids SIC Code(s): 0711 Type of Waste: (check box as appropriate) Proposed Existing Animal Waste (complete Form B) Industrial Waste (complete Form C) Land Application of Municipal Effluent (complete Form D, Part I) Land Application of Biosolids/Sewage Sludge (complete Form D, Part II)						
Email address strumbo@recycsystems.com Existing permits (e.g., VPA, VPDES; VWP, RCRA; UIC); other: Agency Permit Type Permit Num DEQ VPA VPA00061 Nature of Business: land application of municipal biosolids SIC Code(s): 0711 Type of Waste: (check box as appropriate) Proposed Existing Animal Waste (complete Form B) Industrial Waste (complete Form C) Land Application of Municipal Effluent (complete Form D, Part I) Land Application of Biosolids/Sewage Sludge (complete Form D, Part II)	Telephone Numb		540.547.3300			
Existing permits (e.g., VPA, VPDES; VWP, RCRA; UIC); other: Agency Permit Type Permit Num EQ VPA VPA00061 Nature of Business: land application of municipal biosolids SIC Code(s): 0711 Type of Waste: (check box as appropriate) Proposed Existing Animal Waste (complete Form B) Industrial Waste (complete Form C) Land Application of Municipal Effluent (complete Form D, Part I) Land Application of Biosolids/Sewage Sludge (complete Form D, Part II)		Email address	strumbo@recycsyste	ems.com		
Nature of Business: land application of municipal biosolids SIC Code(s): 0711 Type of Waste: (check box as appropriate) Proposed Existing Animal Waste (complete Form B)	Agency		Permit Type		Permit Number	
SIC Code(s): 0711 Type of Waste: (check box as appropriate)	EQ	VPA		VPA0006	VPA00061	
SIC Code(s): 0711 Type of Waste: (check box as appropriate)						
SIC Code(s): 0711 Type of Waste: (check box as appropriate)						
Type of Waste: (check box as appropriate) Animal Waste (complete Form B) Industrial Waste (complete Form C) Land Application of Municipal Effluent (complete Form D, Part I) Land Application of Biosolids/Sewage Sludge (complete Form D, Part II)	Nature of Business:		cipal biosolids			
(check box as appropriate) Animal Waste (complete Form B) Industrial Waste (complete Form C) Land Application of Municipal Effluent (complete Form D, Part I) Land Application of Biosolids/Sewage Sludge (complete Form D, Part II)	SIC Code(s	s): 0711				
(check box as appropriate) Animal Waste (complete Form B) Industrial Waste (complete Form C) Land Application of Municipal Effluent (complete Form D, Part I) Land Application of Biosolids/Sewage Sludge (complete Form D, Part II)	_					
Animal Waste (complete Form B) Industrial Waste (complete Form C) Land Application of Municipal Effluent (complete Form D, Part I) Land Application of Biosolids/Sewage Sludge (complete Form D, Part II)			Proposed	Existing		
Industrial Waste (complete Form C) Land Application of Municipal Effluent (complete Form D, Part I) Land Application of Biosolids/Sewage Sludge (complete Form D, Part II)			П	П		
Land Application of Municipal Effluent (complete Form D, Part I) Land Application of Biosolids/Sewage Sludge (complete Form D, Part II)						
(complete Form D, Part I) Land Application of Biosolids/Sewage Sludge (complete Form D, Part II)	Industrial Waste (complete Form C)		Ц			
(complete Form D, Part II)						
Reclamation and/or Distribution of Reclaimed				X		
_	Reclamation and/or Distribution of Reclaimed Wastewater (Application Addendum)					

7. General Location Map:

Provide a general location map which clearly identifies the location of the facility

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. I further certify that I am an authorized signatory as specified in the VPA Permit Regulation (9VAC25-32).

Signature:	Sheeto	Date: 9(3×5/19
Printed Name:	Susan Trumbo	
Title:	Vice President – Technical Manager	

Revised 11/2009